

FORM L1-A
Reporting For Calendar Year 2009

ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT



ELEC RECEIVED

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Amendment

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.state.nj.us

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

TTP GOVERNMENT AFFAIRS, INC.

Business Address

108 W. STATE STREET

City

TRENTON

State

NJ

Zip Code

08608

*(Area Code) Telephone Number

609-883-7481

DUPLICATE

1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.

1. Name

PETER P. GUZZO

Registration Number

944-1

Occupation or Business

GOVT. AFFAIRS AGENT

Business Address

SAME AS ABOVE

City

State

Zip Code

*(Area Code) Telephone Number

"

2. Name

CHRISTINE C. SIMON

Registration Number

944-2

Occupation or Business

GOVT. AFFAIRS AGENT

Business Address

"

City

State

Zip Code

*(Area Code) Telephone Number

"

3. Name

AMY PAPI

Registration Number

944-3

Occupation or Business

GOVT. AFFAIRS AGENT

Business Address

"

City

State

Zip Code

*(Area Code) Telephone Number

"

4. Name

ALINE M. GUZZO

Registration Number

944-4

Occupation or Business

GOVT. AFFAIRS AGENT

Business Address

"

City

State

Zip Code

*(Area Code) Telephone Number

"

5. Name

Noel CLARK - 944-5

GOVT. AFFAIRS AGENT

"

"

2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity CWA-1032

Business Address 67 Scotch Road Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City EWING State NJ Zip Code 08628

Type of Business Govt. (Public) Employees UNION

2. Name of Represented Entity CONSUMERS FOR CIVIL JUSTICE, INC

Business Address 108 W. STATE ST. Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City TRENTON NJ State NJ Zip Code 08608

Type of Business CONSUMER / VICTIM ADVOCATE

3. Name of Represented Entity N.J. STATE YMCA STATE ALLIANCE, INC

Business Address 67 MAPLE STREET Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City SUMMIT State NJ Zip Code 07901

Type of Business NON-PROFIT YMCA

4. Name of Represented Entity NJ Advisory Council on Safety & Health

Business Address 661 FRANKLIN AVE Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City NUTLEY State NJ Zip Code 07110

Type of Business WORKERS COMPENSATION

5. Name of Represented Entity HEALTH PROFESSIONALS & ALLIED EMPLOYEES (AHE)

Business Address 110 KINDERKAMACK Rd Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City EMERSON State NJ Zip Code 07630

Type of Business HEALTH CARE WORKERS

2a. OTHER REPRESENTED ENTITIES

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity NJ AMERKA ASSN. OF UNIVERSITY PROFESSORS

Business Address 108 W. STATE STREET Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City TRENTON State NJ Zip Code 08608

Type of Business HIGHER ED FACULTY

2. Name of Represented Entity COUNCIL OF STATE COLLEGE LOCALS (AFT)

Business Address 1435 MORRIS AVE Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City UNION State NJ Zip Code 07083

Type of Business COLLEGE/UNIVERSITY FACULTY/STAFF

3. Name of Represented Entity AUTGERS U. AMERICAN ASSN. OF U. PROFESSORS (AFT)

Business Address 11 STONE STREET Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City NEW BRUNSWICK State NJ Zip Code 08901

Type of Business COLLEGE/UNIV. FACULTY/STAFF

4. Name of Represented Entity NJ STATE FEDERATION OF TEACHERS (AFT)

Business Address 629 AMBOY AVE Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City EDISON State NJ Zip Code 08837

Type of Business PRE K-12 TEACHERS

5. Name of Represented Entity NJ STATE FRATERNAL ORDER OF POLICE

Business Address 108 W. STATE STREET Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City TRENTON State NJ Zip Code 08608

Type of Business LAW ENFORCEMENT

2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

1 Name of Represented Entity INSERVO
Business Address 3150 BRUNSWICK PIKE Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City LAWRENCEVILLE State NJ Zip Code 08648
Type of Business TPA

2 Name of Represented Entity ~~TRENTON YUCA~~
Business Address ~~431 PENNINGTON AVE~~ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City ~~TRENTON~~ State ~~NJ~~ Zip Code ~~08616~~
Type of Business ~~YUCA~~

3 Name of Represented Entity PROFESSIONAL FIREFIGHTERS ASSN. OF NJ
Business Address 24 W LAFAYETTE AVE Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City TRENTON State NJ Zip Code 08608
Type of Business FIREFIGHTERS

4 Name of Represented Entity _____
Business Address _____ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City _____ State _____ Zip Code _____
Type of Business _____

5 Name of Represented Entity _____
Business Address _____ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
City _____ State _____ Zip Code _____
Type of Business _____

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SCHEDULE A

1. Did any Governmental Affairs Agent named in this Annual Report serve as a member of:

- any independent State authority;
- any county improvement authority;
- any municipal utilities authority;
- any inter-State or bi-State authority as a member from New Jersey; or,
- any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State?

No If "no," continue on to the next question. Yes If "yes," please provide the following information:

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

N/A

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

2. Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

Yes If "yes," continue on to Schedule B. No If "no," please file the necessary reports immediately.

SCHEDULE B - SALARY & COMPENSATION

PURPOSE: To report the salary and compensation paid to the Governmental Affairs Agents on whose behalf this report is filed. Include the reimbursement of an Agent's expenses in amounts reported.

NOTE: Only the pro rata share of each Governmental Affairs Agent's salary and compensation need to be included if the Agent spends only a portion of his/her time on lobbying activity.

NAME OF GOVERNMENTAL AFFAIRS AGENT

AMOUNT

CHRISTINE SIMON (90 COPLEY ASSOCIATES)

\$ 15,300 -

ALINE GUZZO

24,350 -

SCHEDULE B TOTAL \$ 39,650 -

SCHEDULE C - SUPPORT PERSONNEL

PURPOSE: To report the costs of support personnel who, over the course of the reporting year, individually spend 450 or more hours supporting the activities of the Governmental Affairs Agent(s).

After determining to which person(s) this applies, report the pro rata share of those costs which are attributable to supporting the activities of the Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$ NA

NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS

SCHEDULE G-1

ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS

PURPOSE: To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

NA

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

SUMMARY OF BENEFIT PASSING

PURPOSE: To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

	SCHEDULE G-1*	+ SCHEDULE G-2**	= \$ AMOUNT
Entertainment	\$ _____	+ \$ _____	= \$ _____
Food and Beverage	_____	+ _____	= _____
Travel	_____	+ _____	= _____
Lodging	_____	+ _____	= _____
Honoraria	_____	+ _____	= _____
Loans	_____	+ _____	= _____
Gifts	_____	+ _____	= _____
Other (specify) _____	_____	+ _____	= _____
Total	\$ _____	+ \$ _____	= \$ _____

**SCHEDULE G-1 AND
SCHEDULE G-2 TOTAL**

* After completing all entries on Schedule G-1, provide totals by category.

** Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

**ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.**

\$ _____

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$ <u>39,650.-</u>
2. Support Personnel	Schedule C Total	_____
3. Communication Expenses	Schedule E Total	_____
4. Travel and Lodging	Schedule F Total	_____
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____
Total Lobbying Expenditures		\$ <u>39,650.-</u>

RECEIPTS TABLE

PURPOSE: To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

NOTE: Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

	REPRESENTED ENTITY	AMOUNT	
1.	CONSUMERS for CIVIL JUSTICE	\$ 30,000. -	✓
2.	CWA - 1032	21,912. -	✓
3.	NJ STATE YMCA ALLIANCE	30,000. -	✓
4.	NJ ADVISORY COUNCIL ON SAFETY & HEALTH	24,000. -	✓
5.	NJ STATE CONFERENCE, AMERICAN ASSN. of C. PROFESSIONALS	24,000. -	✓
6.	NJ STATE FRATERNAL ORDER of POLICE	30,000. -	✓
7.	INSERVO	24,000. -	✓
8.	PROFESSIONAL FIREFIGHTERS ASSN. of NJ	6,000. -	✓
9.	AFT NEW JERSEY	87,000. 87,996	✓
10.	(a) HEALTH PROFESSIONALS & Allied EMPLOYEES		
11.	(b) COUNCIL of STATE College LOCALS		
12.	(c) STATE FEDERATION of N.J.		
13.	(d) RUTGERS Univ. AAUP/AFT		
14.			
15.			
16.			
17.			
18.			

TOTAL RECEIPTS \$ 277,908.00

